

**Request for Verification of Notice of Intent
to Claim Paternity for Adoption Purposes**

**APPENDIX
D**

Request for Verification of Notice of Intent to Claim Paternity for
Adoption Purposes.....2

Notice of Intent to Claim Paternity.....3

**REQUEST FOR VERIFICATION OF NOTICE OF INTENT
TO CLAIM PATERNITY FOR ADOPTION PURPOSES**

DO NOT MAIL

FAX TO:
Attention: Janice
(517) 335-8610

FOR ADDITIONAL INFORMATION:
Phone: (517) 335-8666

PLEASE PRINT OR TYPE CLEARLY AND LEGIBLY - THIS WILL BE USED AS A MAILER INSERT

	Name of Person Authorized to Receive Record
	Name of Court or Licensed Adoption Agency
	Mailing Address
	City / State / Zip Code

Daytime phone to contact court or agency staff if more information is need to locate the record:	Area Code & Phone Number					-					-				
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 AUTHORIZED PERSON'S SIGNATURE: Must be signed in order to process

ADOPTION PURPOSES ONLY INFORMATION

A court or licensed child placing agency representing a child for adoption purposes can receive, at no charge, a verification and copy of a Notice of Intent to Claim Paternity if there is one on file in the state vital records system. A separate application form is required for each request.

NOTICE OF INTENT TO CLAIM PATERNITY REQUESTED		
CHILD'S NAME:		
First	Middle	Last
CHILD'S DATE OF BIRTH:		
Month	Day	Year
CHILD'S PLACE OF BIRTH:		
City	County	Hospital (if known)
MOTHER'S MAIDEN NAME:		
First	Middle	Last
FATHER'S NAME:		
First	Middle	Last

Please specify how you would like your reply:

_____ Mail
_____ Fax () _____

FOR DCH USE ONLY - DO NOT WRITE IN THIS AREA

A SEARCH OF THE STATE OF MICHIGAN VITAL RECORDS SYSTEM INDICATES THE FOLLOWING:

- ☐ A Notice of Intent to Claim Paternity has not been filed
- ☐ A Notice of Intent to Claim Paternity has been filed. A copy is enclosed

Reviewed by: _____

Date: _____

DCH-0569-INTENT 11/2001

NOTICE OF INTENT TO CLAIM PATERNITY

State of Michigan
County of _____

In accordance with Public Act 235 of 1972, as amended by Public Act 296 of 1974

I, _____ whose
name of father
address is _____ being
number and street city state zip
duly sworn, do hereby give notice of my intent to claim paternity of the child or children which
may be born to _____ whose last known
name of mother
address is _____ . To the
number and street city state zip
best of my knowledge the expected date of birth is _____ of _____. By the
filing of this notice I acknowledge my liability for contribution to the support and education of
such child or children when born and my liability for contribution to the pregnancy related
medical expenses of the mother.

Signature of Father

On this _____ day of _____ 20____, before me a Notary Public in and for the
County of _____, Michigan, personally appeared _____
_____ to me known to be the person described in and who executed the
foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Signed, Sealed and Delivered in the Presence of:

Notary Public, _____ County, Michigan
My Commission Expires: _____

This notice is filed to allow the probate court to notify the claimant at the above address in the event the child
or children born are to be released for adoption. It is to be used to establish conclusive evidence of paternity
in any action under 1956 P.A. 205 (Paternity Act) unless denied by the mother. It is not an acknowledgment
and legitimation pursuant to Chapter 2, 1939 P.A. 288.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH USE ONLY

FOR COUNTY USE ONLY

Date Filed: _____ Date of Notification: _____

Date Filed: _____

Signature of Registrar

State File Number

Signature of Clerk of Court